Project Name: Electronic Benefit Transfer (EBT) Project  OCIO Project #: 0530-204  Department: Office of Systems Integration (OSI)  Reporting Period: From: To:		Team I	Team Member to Proje Manag		
Current Task St	ummary				
Task or Deliverable		Scheduled Completion Date	Actual Completion Date	Issues?	
Accomplished this week					
Accomplished this week  Planned/Scheduled Completion in Next Two Weeks					
	Yes/No		Explanation		
Planned/Scheduled Completion in Next Two Weeks	Yes/No		Explanation		
Planned/Scheduled Completion in Next Two Weeks  Status Summary  Will all assigned tasks be accomplished by their due date?  Are there any planned tasks that won't be completed?	Yes/No		Explanation		
Planned/Scheduled Completion in Next Two Weeks  Status Summary  Will all assigned tasks be accomplished by their due date?	Yes/No		Explanation		

Issue Number	Description	Due Date	Status
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Project Name:	Electronic Benefit T	ransfer (EBT) Project		
OCIO Project #:	0530-204		Team Mer	nber to Project
Department:	Office of Systems II	ntegration (OSI)		
Reporting Period:	From:	То:		Manager
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Project Name: Electronic Benefit Transfer	r (EBT) Project
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OCIO Project #: 0530-204

**Department:** Office of Systems Integration (OSI)

**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

## **Project Manager to Sponsor**

### **Current Status Report**

Questions	Yes/No	Cause	Impact	Action Required
Were recent milestones completed on schedule?	Yes			
Were any key milestones or deliverables rescheduled?	No			
3. Was work done that was not planned?	No			
4. Were there any changes to scope?	No			
5. Were tasks added that were not originally estimated?	No			
6. Were any tasks or milestones removed?	No			
7. Were any scheduled tasks not started?	No			
8. Are there any new major issues?	No			
9. Are there any staffing problems?	No			

<b>Project Name:</b>	Electronic Benefit	Transfer (	(EBT)	) Project
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**OCIO Project #:** 0530-204

**Department:** Office of Systems Integration (OSI)

**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

## **Project Manager to Sponsor**

### **Look Ahead View**

Questions	Yes/No	Impact	Action Required
Will upcoming critical path milestones or deliverables be delayed?	No		
2. Do any key milestones or deliverables need to be rescheduled?	No		
3. Is there any unplanned work that needs to be done?	No		
Are there any expected or recommended changes to scope?	No		
5. Are there any tasks not originally estimated that will need to be added?	No		
Are there any tasks or milestones that should be removed from the plan?	No		
7. Are there any scheduled tasks whose start will likely be delayed?	No		
8. Are any major new issues foreseeable?	No		
Are any staffing problems anticipated?	No		

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Project Name:	<b>Electronic Benefit</b>	Transfer (	(EBT) Pro	iect
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**OCIO Project #:** 0530-204

**Department:** Office of Systems Integration (OSI)

**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

### **Project Manager to Sponsor**

#### **Current Status and Accomplishments:**

Describe deliverables completed and milestones met during this reporting period.

Accepted last remaining ACS deliverables: Reports Catalog and Capacity Management Plan.

Accepted transition services from ACS.

#### Project Milestones:

List key milestones and their dates from the project schedule.

Milestone	Target Date	Forecast Date	Status	Cause & Impact to Implementation Date	Date Completed
State Acceptance of Transition Services	10/20/09	11/30/09	Done		11/18/09

#### Variances

Check the appropriate box for each project element listed below. Please describe the actions you plan to take for those items marked "Caution" or "Significant Variance".

	On Plan <5%	Caution 5-10%	Significant Variance >10%	Action Required
Schedule	×			
Milestones	X			
Deliverables	×			
Resources	×			
OneTime Cost	×			
Continuing Cost	Х			

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**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

### **Project Manager to Sponsor**

#9339v1 PM to Sponsor (2) Page 6 of 10

Project Name:	Electronic Benefit Transfer (EBT) Project				
OCIO Project #:	0530-204				
Department:	Office of S	Systems Integration	(OSI)		
Reporting Period:	From:	11/1/09	To:	11/30/09	

## Sponsor to Executive Committee

### **Summary Milestones and Highlights**

### **Project Milestones:**

List key milestones and their dates from the project schedule. Explain in issues section if a milestone's status is behind.

Milestone	Target Date	Forecast Date	Status	If Delayed, Impact to Implementation Date	Date Completed
State Acceptance of Transition Services	10/20/09	11/30/09	Done		11/18/09

#### **Variances**

Check the appropriate box for each project element listed below. Please describe the actions you plan to take for those items marked "Caution" or "Significant Variance".

Priority of schedule, scope, budget, and quality from Final Ranking established in the Priority Analysis

	On Plan <5%	Caution 5-10%	Significant Variance >10%	Action Required
Schedule	Х			
Milestones	Х			
Deliverables	Х			
Resources	Х			
One Time Cost	Х			
Continuing Cost	Х			

Sponsor to Exe Comm Page 7 of 10

Project Name:	Electronic Benefit Transfer (EBT) Project	

OCIO Project #: 0530-204

**Department:** Office of Systems Integration (OSI)

**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

## **Sponsor to Executive Committee**

### **Monitoring Vital Signs Scorecard**

Vital Sign	Variance	Value	Your Score	Score Justification
Customer Buy-In	High Degree of Buy-In	0	o	
	Medium Degree of Buy-In	1	Green	
	Low Degree of Buy-In	2	š	
	Strong Viability	0	O	
Technology Viability	Medium Viability	1	Green	
	Weak Viability	2	š	
	<5%	0	0	
Status of the Critical Path (delay)	5% to 10%	1	Green	
	>10%	2	š	
	<5%	0	0	
4. Cost-to-Date vs. Estimated Cost-	5% to 10%	1	Green	
to-Date (higher)	>10%	2	ă	
F. J.P. J. B. J. J.P. J.	0 to 3	0	0	
5. High-Probability, High-Impact Risks	4 to 6	1	Green	
RISKS	>6	2	ă	
6. Unresolved Issues	On time	0	0	
(on time resolution)	Late with no impact	1	Green 0	
	Late impacting the critical path	2	ă	
	Fully engaged	0	0	
7. Sponsorship Commitment	Partially engaged	1	Green	
· · ·	Inadequate engagement	2	ä	
	Strong alignment	0	0	
8. Strategy Alignment	Partial alignment	1	Green	
	Weak or no alignment	2	n	
	Strong	0	0	

Sponsor to Exe Comm Page 8 of 10

Project Name: Electronic Benefit Transfer (EBT) Project

OCIO Project #: 0530-204

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**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

**Sponsor to Executive Committee** 

9. Value-to-Business	Medium	1	o ree
	Weak	2	ä

Sponsor to Exe Comm Page 9 of 10

Project Name:	Electronic Benefit Transfer (EBT) Project
OCIO Project #:	0530-204
Department:	Office of Systems Integration (OSI)

**Reporting Period:** *From:* 11/1/09 *To:* 11/30/09

# **Sponsor to Executive Committee**

10. Vendor Viability (provide	Strong	0		G	
rationale for the rating in the field	Medium	1	0	Gree	
following the scorecard)	Weak	2		Ď	
44 Milestone Hit Dete	>90% on time	0		G	
11. Milestone Hit Rate (rate of achievement as planned)	80-90% on time	1	0	ireen	
(rate of achievement as planned)	<80% on time	2	'n		
	>90% on time	0		_	
12. Deliverable Hit Rate	80-90% on time	1	0	- Т	All transition-related
(rate of production as planned)	<80% on time	2	en	deliverables were received.	
	>90% assigned and available	0		<b>0</b>	
13. Actual vs. Planned Resources	80-90% assigned and available	1	0	Gree	Completed the transition (implementation) phase.
	<80% assigned and available	2	ň		(implementation) phase.
4.4 Occarding a Hillimation	<15%	0		o	
14. Overtime Utilization (% of effort that is overtime)	15-25%	1	0	Gree	
15. Team Effectiveness	>25%	2		Š	
	Highly Effective	0		G	
	Moderately Effective	1	0	Gree	
	Ineffective	2		Š	
		Total	0	G	

Green = 0 - 8 Yellow = 9 - 19 Red = 20+

Vendor Viability Rating Rationale	
ACS, the prime contractor, has extensive experience providing EBT services in other states.	

Sponsor to Exe Comm Page 10 of 10